

PTO/SB/122 (04-05)

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Application Number	09/210,995
Filing Date	December 15, 1998
First Named Inventor	Sheena M. Loosmore
Art Unit	1645
Examiner Name	Hines, Jana A.
Attorney Docket Number	1038-844 MIS

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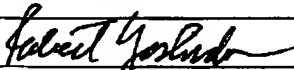
☐ Applicant/Inventor

☒ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ Attorney or agent of record. Registration Number \_\_\_\_\_

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Signature



Typed or Printed  
Name

Robert Yoshida

Date 9/7/2005

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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PTO/SB/96 (09-04)

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**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Sheena M. Loosmore et al.Application No./Patent No.: 09/210,995 Filed/Issue Date: 12/15/1998Entitled: MULTI-COMPONENT VACCINE COMPRISING AT LEAST TWO ANTIGENS FROM HAEMOPHILUS INFLUENZAE TO PROTECT AGAINST DISEASEAventis Pasteur Limited

(Name of Assignee)

a Corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

In the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Robert Yoshida  
Signature  
Robert Yoshida  
Printed or Typed Name  
\_\_\_\_\_  
Patent Agent  
Title

9/7/2005  
Date  
570-839-553  
Telephone Number

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